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ACHILLODYNIA.[1]

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THE man whose case I herewith detail presented himself at Jefferson Medical College Hospital, in the service of Dr. H. A. Hare (by whose courtesy this report is made), complaining of swelling and soreness in the region of the heels, that had been present for about four weeks. He was twenty-two years old, a car-cleaner by occupation, and stated that he had had a similar attack three and a half years previously that lasted for about fourteen months, and apparently had disappeared spontaneously. The pain appeared after walking, and was relieved by rest, either in the sitting or recumbent posture. The swelling, however, persisted. There had been no traumatism of the parts, and there was no history of rheumatism, and none of gout. The man had been infected with gonorrhea four years previously (that is, half a year preceding the first attack of swelling and pain about the heels). The urethritis had never been entirely cured, remaining at times latent for months, and then breaking out with its former intensity. Within this time, he stated, one of the testicles (perhaps it was the epididymis) had been swollen, and there had been enlargement of one or more glands in the right groin. No history could be obtained of a sore upon the genitals, of

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cutaneous eruption, of involvement of the mucous membranes, of alopecia or of other manifestation suggestive of secondary syphilis. There was no heart-lesion, and the urine presented no abnormality. There was no history of a similar affection in other members of the family.

On examination a firm swelling was found above the heels, apparently inseparable from the os calcis, and over which passed the tendo Achillis. Manipulation induced pain. Station was steady; the knee-jerks were preserved; the pupils were equal, regular, and responsive to light. I was at a loss to account for the condition, as I had never before seen its counterpart; and in the absence of more definite information I made a tentative diagnosis of syphilis. It was directed that small blisters be applied to the heels on either side of the tendo Achillis, and potassium iodide was prescribed for use internally. The man returned a short time afterward, unimproved.

A few days days after the case had presented itself I came by chance across a note in the *Wiener medicinische Presse*, 1892, No. 2, p. 43, by Professor Albert, of the University of Vienna, in which he reports one of a half-dozen cases that he has encountered in the course of a number of years, characterized by intolerable pain on walking or standing, while no discomfort was suffered in the sitting or recumbent posture. The pain was accurately referred to the insertion of the tendo Achillis, in which situation there was sometimes also a slight prominence, as if the tendon were thickened. As a rule the parts were not unduly sensitive upon pressure. In some cases the bone on either side of the tendinous insertion appeared to be enlarged. The pain was exceedingly rebellious and resisted hot applications, cold applications, counter-irritation with tincture of iodine and inunctions of mercury. Albert was unable to find any reference to the subject in literature. He relates that Raynal and Kirmisson have described a "peri-tendinous

cellulitis of the tendo Achillis," which, however, does not agree with the condition under consideration ; and he refers to a description by Pitha (Pitha-Billroth's *Handbook of General and Special Surgery*) of a "partial rupture of the tendo Achillis" and a "partial evulsion of the insertion of the tendo Achillis," in which the symptoms recorded agree with those here detailed. The opinion is expressed that the cases attended with swelling of the tendon are described as instances of rupture, while the cases in which enlargement of the bone is present are considered as instances of evulsion. In one case of Albert's the pain was aggravated by exacerbations of a specific urethritis. Kirmisson is also quoted as having noted in one case a connection with an attack of gonorrhea. Albert suggests that the condition may be analogous to a deformity sometimes found in horseback riders, dependent upon a hyperplasia of periosteum and bone at the point of attachment of the great adductor muscle of the thigh.

The name achillodynia is proposed for the affection, and is sufficiently descriptive, without committing one to any view as to its nature, etiology, and pathology. Concerning these we can only speculate. To complete the analogy with the condition found in riders, there should be, as suggested by my friend Dr. J. K. Young, a history of some corresponding muscular strain, such as standing on the toes for a considerable length of time. This was not present in the case here reported. The affection should thus be frequently encountered in professional dancers. The condition does not seem to be an acute inflammation. If the process be at all inflammatory the action is of an exceedingly low grade. The condition may be a neurosis, with trophic changes. There is one other possibility, and that is that, in some cases at least, the condition is a manifestation of an intoxication of gonorrheal origin.

I do not know what importance is to be attached to the condition here considered. Possibly it is less un-

common than would appear. I present the case as a clinical curiosity. It may prove interesting, perhaps instructive to others who may have encountered cases of a similar kind.

The features that seem to me to be of especial interest are the circumscribed character and the symmetry of involvement; the thickening above the heels; the absence of inflammatory symptoms; the presence of the pain only after walking; and the apparent spontaneous subsidence of the first attack.